

Santa Rosa County Building Inspection Department

COMMERCIAL DEMOLITION PERMIT APPLICATION

SUMMARIZED CHECK LIST FOR SUBMITTING DEMOLITION APPLICATION

1. **DEMOLITION PERMIT APPLICATION.** A current Commercial Demolition Permit Application form is to be completed and submitted for all demolition projects. Please use the appropriate form.
2. **PARCEL NUMBER & STREET ADDRESS.** The Parcel Number (Tax ID number) from the Property Appraiser (623-2486) and the assigned street address from the Addressing Coordinator (981-7150) are required.
3. **SEPTIC TANK ABANDONMENT PERMIT.** A copy of the Septic Tank Abandonment Permit is required and may be obtained from Environmental Health (983-5275 or 934-5177).
4. **CITY APPROVAL.** If the project is located within the city limits of Milton, Gulf Breeze, or Jay, prior approval is required. The city documents and/or approval stamps are required to be submitted by the customer to this office when applying for a Demolition Permit.
5. **DEP APPROVALS.** Federal and State regulations require the owner of a building to be demolished or the demolition contractor to file a notice with the Florida DEP concerning asbestos in the building. The notice must be filed even if there is no asbestos in the building. (See DEP form 62-257-900(1))

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COMMERCIAL DEMOLITION PERMIT APPLICATION

permits@co.santa-rosa.fl.us

THIS SECTION IS FOR OFFICE USE ONLY

Date _____	Project Number _____
Zoning Classification _____	Flood Zone _____
Approved By _____	Accepted By _____

In order to process this permit in a timely manner please complete the entire form and submit all required documentation as listed on this application. All required plans must accompany this application and be approved by PLAN REVIEW prior to permit issuance.

Property Information:

1. Property Owner's Name _____
2. Name of Establishment _____
3. Complete Address of Property _____
4. Fee Simple Titleholder's Name & Address _____
5. Property Parcel Number: Sec _____ Twnshp _____ Rng _____ Subdiv _____ Blk/Parcel _____ Lot _____
6. Subdivision Name _____
7. Driving Directions _____
8. Is the Property Located within the City Limits of **GULF BREEZE, MILTON, or JAY?** Yes _____ ; No _____
9. Cost of Project \$ _____
10. If applicable , septic tank abandonment permit must be attached

Project Information for NEW COMMERCIAL STRUCTURE:

Triplex Apartments _____	Industrial _____	Stores/Customer Service/Retail _____
Quadruples Apartments _____	Parking Garage _____	Restaurant _____
Multi-Family Apartments _____	Service Station _____	Barber/Beauty _____
Condominium _____	Hospital/Institution Bldg. _____	Laundry _____
Modular Building _____	Office/Bank/Professional _____	Warehouse/Storage _____
Amusement/Recreation _____	School/Education _____	Other Non-Residential _____
Church/Other Religious _____		

14. Structure Type 1U _____ 1S _____ 2U _____ 2S _____ 3U _____ 3S _____ 41S _____ 4U _____ 4S _____
 51U _____ 51S _____ 5U _____ 5S _____ 61U _____ 61S _____ 6U _____ 61S _____ 6U _____ 6S _____

DEP NOTIFICATION: I certify that I have read and understand that I must file a notice with the Florida Department of Environmental Protection concerning asbestos in the building to be demolished.

Signature of Owner _____

Signature of Contractor _____

Name of Person applying for permit _____	
Mailing Address _____	Phone Number () _____
Contractor State Registration Number _____	Fax Number () _____
If You are a Contractor, Provide Your Company Name _____	

OWNER'S AFFIDAVIT: I certify that all the foregoing information (pages 2 through 3 of this application) is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

I understand all **REQUIRED INSPECTIONS** will be requested of the work permitted herein. Compliance will be strictly enforced. No work whatsoever will commence until the Building Permit has been issued. This permit is **VOID** after six (6) months from issuance unless the work which it covers has been commenced.

Owner/Agent Signature
(Including Contractor)

Contractor Signature

Date

Date

Notary as to Contractor

My Commission Expires: _____

Notary as to Contractor

My Commission Expires: _____